

## RESTRAINING ORDER TO PROHIBIT DOMESTIC VIOLENCE

**THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT**

Attached are the forms usually necessary for obtaining a restraining order to prohibit domestic violence.

| <b>Form #</b> | <b>Title</b>  | <b>Number of Copies</b> |
|---------------|---|-------------------------|
| Clerk-100DV   | How to Begin Your Domestic Violence Restraining Order   | 1                       |
| DV-260        | Confidential CLETS Information                          | 1                       |
| DV-100        | Request for Order                                       | 1                       |
| DV-101        | Description of Abuse                                    | 1                       |
| DV-110        | Temporary Restraining Order and Notice of Hearing       | 1                       |
| DV-200        | Proof of Service  | 1                       |
| DV-120        | Answer to Temporary Restraining Order                   | 1                       |
| DV-130        | Restraining Order After Hearing (Order of Protection)   | 1                       |
| DV-105        | Child Custody, Visitation, and Support Request          | 1                       |
| DV-140        | Child Custody and Visitation Order                      | 1                       |
| DV-150        | Supervised Visitation Order                             | 1                       |
| DV-170        | Other Orders  | 1                       |
| DV-125        | Reissue Temporary Restraining Order                     | 1                       |
| DV-290        | Request and Order for Free Service of Restraining Order | 1                       |
| 982(a)(17)    | Application for Waiver of Court Fees and Costs          | 1                       |
| Clerk-88      | Law Enforcement Information Sheet                       | 1                       |

**ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.**

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and "NONE", "NOT APPLICABLE", or "UNKNOWN" typed in if required.

**Notice Regarding Free Service of Domestic Violence Orders**

You may be entitled to free service of process by the Monterey County Sheriff's Office of your domestic violence order if the restrained person is to be served in an area under the jurisdiction of the Monterey County Sheriff.

If you would like to obtain free service of your domestic violence order please also complete the attached Application for Waiver of Fees and Costs, 982(a)(17), and Request and Order for Free Service of Restraining Order, CH-101/DV-290. Free service will not be provided if these forms are not completed.

**The following are additional forms that may be needed (Provided on request).**

|        |  |
|--------|--|
| FL-150 | Income and Expense Declaration                 |
| FL-155 | Financial Statement                            |
| FL-192 | Notice of Rights and Responsibilities          |
| FL-342 | Child Support Information and Order Attachment |
| MC-020 | Additional Page                                |



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MONTEREY**

**HOW TO BEGIN YOUR DOMESTIC VIOLENCE RESTRAINING ORDER**

**Step one:** Pick up your restraining order packet from the clerk's office, or download a copy of the Domestic Violence Prevention packet from the Court website at [www.monterey.courts.ca.gov](http://www.monterey.courts.ca.gov). You may also download the individual forms from [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms).

**Step two:** Complete the following forms:

- **Law Enforcement Information Sheet (Clerk 88)** – This form is confidential and is sent to the Sheriff to help with enforcement of the order.
- **Request For Order (DV100)** – In this form you tell the court why you need the order. List in detail incidents of violence or threats of violence or harassment and include dates they occurred. If you have separated, include the date of separation. Attach form **DV101-Description of Abuse** to provide more information to the court.
- **Child Custody, Visitation and Support Request (DV105)** – If there are children between you and the Restrained Person, you may attach this form to the Request For Order.
- **Temporary Restraining Order (DV110)** – In this form you check the boxes to receive temporary orders until the hearing. Hearings in Salinas are at 1:30 pm on Wednesday and in Monterey at 8:30 am on Thursday.
- **Child Custody and Visitation Order (DV140)** – If there are children between you and the Restrained Person, you can attach this form for temporary orders until the hearing.
- **Proof of Service (DV200)** – Insert your name and the protected party's name and check boxes 4a and 4b if you have completed custody orders. Leave the rest blank. This form will be completed by the person who gives a copy of the papers to the Restrained Person.
- **Restraining Order After Hearing (DV130)** – Fill out this form just as you did the Temporary Restraining Order. This is the form that will be signed after the hearing. Include a Child Custody and Visitation Order if you have children.

**Step Three:** Staple the forms together in the order set above. File the forms with the Clerk's Office. Check back to see if the Judge signed the Temporary Order. It should be ready within 24 hours. **Pick up a signed copy and keep it with you at all times.**

**Step Four: Service of the Papers** – The Restrained Party must be given a copy of the papers you filed. If he or she lives or works in the County of Monterey, the clerk can arrange for the police department to serve the papers. On the bottom of the Law Enforcement Information Sheet insert the name of the police department. If you check the Sheriff you must fill out and file two additional forms, Request and Order for Free Service (DV290) and Application of Waiver of Court Fees and Costs (982(a) (17). If you wish to arrange for service check the box showing that you will do so. You must have someone other than yourself give a copy of the papers to the Restrained Person. The other person must give him or her a copy of all the documents you filed and a blank Answer (DV120) and complete/file the Proof of Service.



## California Law Enforcement Telecommunications System (CLETS) Information Form

**Important Notice:** This form **MUST NOT** become part of the court file. It is **confidential and private**. It can be used by the court or law enforcement to enter a restraining order into CLETS or to locate the restrained person to serve a restraining order.

**To the Protected Person:** Complete this form. Ask the court clerk if the court will have your order entered into California's restraining order computer system. If the clerk says yes, give this form to the clerk. If the clerk says no, give both this form and your restraining order to your local law enforcement agency. That way, law enforcement officers can enforce your order.

**What is the case number for your restraining order (if you know it)?** \_\_\_\_\_

1

**Protected Person (name):** \_\_\_\_\_

Sex: ☐ M ☐ F      Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Mailing Address listed on restraining order) (City, State, Zip) (Telephone # [optional])

Vehicle (*type, model, year*): \_\_\_\_\_

Vehicle License #: \_\_\_\_\_

2

**Restrained Person (name):** \_\_\_\_\_

Description of that person:

Sex: ☐ M ☐ F      Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Residence Address) (City, State, Zip) (Telephone #)

(Workplace) (Occupation/Title) (Working Hours)

(Business Address) (City, State, Zip) (Telephone #)

Driver's License # and State: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Vehicle (*type, model, year*): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Describe any marks, scars, and tattoos: \_\_\_\_\_

Other names used by the restrained person: \_\_\_\_\_

3

### Other Protected People

| <u>Name</u> | <u>Date of Birth</u> | <u>Sex</u> | <u>Race</u> |
|-------------|----------------------|------------|-------------|
| _____       | _____                | _____      | _____       |
| _____       | _____                | _____      | _____       |
| _____       | _____                | _____      | _____       |

**Confidential—Do Not File in Court File**



Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number when form is filed.

**Case Number:****1** Your name (person asking for protection):Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone number (*optional*): \_\_\_\_\_Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):**2** Name of person you want protection from:Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**3** Besides you, who needs protection? (*Family or household members*):

| Full Name | Age   | Lives with you?  | How are they related to you? |
|-----------|-------|--|------------------------------|
| _____     | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____     | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 3—Protected People" by your statement. NOTE: In any item that asks for Form MC-020, you can use an 8 1/2 x 11 inch sheet of paper instead.

**4** What is your relationship to the person in **2**? (*Check all that apply*):

- a. ☐ We are now married or registered domestic partners.
- b. ☐ We used to be married or registered domestic partners.
- c. ☐ We live together.
- d. ☐ We used to live together.
- e. ☐ We are relatives, in-laws, or related by adoption (*specify relationship*): \_\_\_\_\_
- f. ☐ We are dating or used to date.
- g. ☐ We are engaged to be married or were engaged to be married.
- h. ☐ We are the parents together of a child or children under 18:
 

|                     |                      |
|---------------------|----------------------|
| Child's Name: _____ | Date of Birth: _____ |
| Child's Name: _____ | Date of Birth: _____ |
| Child's Name: _____ | Date of Birth: _____ |
- i. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (*Attach a copy if you have one.*)

☐ Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 4h" by your statement.

**This is not a Court Order.**

Your name: \_\_\_\_\_

**5 Other Court Cases**

- a. Have you and the person in
- (2)**
- been involved in another court case?
- ☐
- No
- ☐
- Yes

If yes, where? County: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? (If you know): \_\_\_\_\_

What kind of case? (Check all that apply):

- ☐ Registered Domestic Partnership ☐ Divorce/Dissolution ☐ Parentage/Paternity ☐ Legal Separation  
☐ Domestic Violence ☐ Criminal ☐ Juvenile ☐ Child Support ☐ Nullity ☐ Civil Harassment  
☐ Other (specify): \_\_\_\_\_

- b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

☐ No ☐ Yes *If yes, attach a copy if you have one.***What orders do you want? Check the boxes that apply to your case. ☒****6 ☐ Personal Conduct Orders**I ask the court to order the person in **(2)** not to do the following things to me or any of the people listed in **(3)**:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy  
personal property, disturb the peace, keep under surveillance, or block movements  
b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

**7 ☐ Stay-Away Order**I ask the court to order the person in **(2)** to stay at least \_\_\_\_\_ yards away from: (Check all that apply):

- a. ☐ Me  
b. ☐ The people listed in **(3)**  
c. ☐ My home  
d. ☐ My job or workplace  
e. ☐ The children's school or child care  
f. ☐ My vehicle  
g. ☐ Other (specify): \_\_\_\_\_

If the person listed in **(2)** is ordered to stay away from all the places listed above, will he or she still be able  
to get to his or her home, school, job, or place of worship? ☐ Yes ☐ No (If no, explain): \_\_\_\_\_

**8 ☐ Move-Out Order**I ask the court to order the person in **(2)** to move out from and not return to (address):

I have the right to live at the above address because (explain): \_\_\_\_\_

**9 ☐ Child Custody, Visitation, and Child Support**

I ask the court to order child custody, visitation, and/or child support. *You must fill out and attach  
Form DV-105.*

**10 ☐ Spousal Support**

*You must fill out and file form FL-150 before your hearing. You can make this request only if you are married  
to, or are a registered domestic partner of, the person in **(2)** and no spousal support order exists.*

**This is not a Court Order.**



Your name: \_\_\_\_\_

**What orders do you want? Check the boxes that apply to your case. ☒****11 ☐ Record Unlawful Communications**

I ask for the right to record communications made to me by the person in (2) that violate the judge's orders.

**12 ☐ Property Control**I ask the court to give *only* me temporary use, possession, and control of the property listed here:  
\_\_\_\_\_**13 ☐ Debt Payment**

I ask the court to order the person in (2) to make these payments while the order is in effect:

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 13—Debt Payment" by your statement.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**14 ☐ Property Restraint**

I am married to or have a registered domestic partnership with the person in (2). I ask the judge to order that the person in (2) not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in (2) to notify me of any new or big expenses and to explain them to the court.

**15 ☐ Attorney Fees and Costs**

I ask that the person in (2) pay some or all of my attorney fees and costs.

*You must complete and file Form FL-150, Income and Expense Declaration.***16 ☐ Payments for Costs and Services**

I ask that the person in (2) pay the following:

*You can ask for lost earnings or your costs for services caused directly by the person in (2) (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**17 ☐ Batterer Intervention Program**

I ask the court to order the person listed in (2) to go to a 52-week batterer intervention program and show proof of completion to the court.

**18 ☐ No Fee to Serve (Notify) Restrained Person***If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk if you need to file more forms. You may need Form CH-101/DV-290 and Form 982(a)(17).***This is not a Court Order.**

Your name: \_\_\_\_\_

**What orders do you want? Check the boxes that apply to your case. ☒****19 ☐ More Time for Notice**

I need extra time to notify the person in (2) about these papers. Because of the facts explained on this form, I want the papers served up to \_\_\_\_\_ days before the date of the hearing. *For help, read DV-210.*

*If necessary, add additional facts:* \_\_\_\_\_

**20 ☐ Other Orders**

What other orders are you asking for? \_\_\_\_\_

☐ *Check here if you need more space. Attach MC-020 and write "DV-100, Item 20—Other Orders" by your statement.*

**21 Turn in guns or other firearms.**

*If the judge approves the order, the person in (2) will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she has or controls. Describe any use or threatened use of firearms in (22).*

**22 Describe the most recent abuse.**

a. Date of most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in (2) do or say that made you afraid?

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d. Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

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f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one.*


☐ *Check here if you need more space. Use Form MC-020 and write "DV-100, Item 22—Recent Abuse" by your statement.*

☐ *Check here if the person in (2) has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse.*

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

 \_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

☒ This form is attached to DV-100, Item 21.

1 Your name: \_\_\_\_\_

2 Name of person you want protection from (restrained person): \_\_\_\_\_

**3 Describe the 2nd most recent abuse.**

a. Date of 2nd most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

e. Describe any injuries. \_\_\_\_\_

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one.*

Your name: \_\_\_\_\_

Case Number:

**4 Describe other recent abuse.**

- a. Date of other recent abuse: \_\_\_\_\_
- b. Who was there? \_\_\_\_\_  
\_\_\_\_\_
- c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe any injuries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- f. Did the police come? ☐ No ☐ Yes  
If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know  
*Attach a copy if you have one.*

**5 ☐ Describe other abuse against you or your children.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ *If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write "DV-101 — Description of Abuse" at the top.*

Clerk stamps date here when form is filed.

① Name of person asking for protection (protected person):

Protected person's address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Protected person's lawyer (*if any*): (*Name, address, telephone number, and State Bar number*):

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number:

**Case Number:**

② Restrained person's name:

Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

③ List the full names of all family or household members protected by this order: \_\_\_\_\_

④ **Court Hearing Date (*Fecha de la Audiencia*)**

Clerk will fill out section below.

**Hearing  
Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name and address of court if different from above:  
Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

To the person in ②: At the hearing, the judge can make restraining orders that last for up to 3 years. The judge can also make other orders about your children, child support, spousal support, money, and property. At the hearing, you can tell the judge that you do not want the orders against you. Even if you do not attend the hearing, you *must* obey the orders.

*Para la persona nombrada en ②: En esta audiencia el juez puede hacer que la orden de restricción sea válida hasta un máximo de 3 años. El juez puede también hacer otras órdenes acerca de niños, manutención, dinero y propiedad. Si Usted se opone a estas órdenes, vaya a la audiencia y dígaselo al juez. Aunque no vaya a la audiencia, tiene que obedecer estas órdenes.*

To the person in ①: At the hearing, the judge will consider whether denial of any orders will jeopardize your safety and the safety of children for whom you are requesting custody visitation and child support. Safety concerns related to your financial needs and the children's will also be considered.

⑤ **Temporary Orders (*Ordenes Temporales*)**

Any orders made in this form end at the time of the court hearing in ④, unless a judge extends them.

Read this form carefully. All checked boxes ☒ and items 10 and 11 are court orders.

*Todas las órdenes hechas en esta formulario terminarán en la fecha y hora de la audiencia en ④, al menos que un juez las extienda. Lea este formulario con cuidado. Todas las casillas marcadas ☒ y artículo 10 son órdenes de la corte.*

**This is a Court Order.**

Your name: \_\_\_\_\_

**6** ☐ **Personal Conduct Orders**The person in **(2)** must *not* do the following things to the protected people listed in **(1)** and **(3)**:

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements
- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail  
☐ Except for brief and peaceful contact as required for court-ordered visitation of children unless a criminal protective order says otherwise

Peaceful written contact through a process server or another person to serve legal papers is allowed and does not violate this order.

**7** ☐ **Stay-Away Order**The person in **(2)** must stay at least \_\_\_\_\_ yards away from:

- a. ☐ The person listed in **(1)**  
b. ☐ The people listed in **(3)**  
c. ☐ Home ☐ Job ☐ Vehicle of person in **(1)**  
d. ☐ The children's school or child care  
e. ☐ Other (*specify*): \_\_\_\_\_

**8** ☐ **Move-Out Order**The person in **(2)** must take only personal clothing and belongings needed until the hearing and move out immediately from (*address*): \_\_\_\_\_**9** ☐ **Child Custody and Visitation Order**

- a. ☐ You and the other parent must make an appointment for court mediation (*address and phone number*): \_\_\_\_\_
- b. ☐ Follow the orders listed in Form DV-140, which is attached.

**10** **No Guns or Other Firearms**The person in **(2)** cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.**11** **Turn in or sell guns or firearms:**The person in **(2)**:

- Must sell to a licensed gun dealer or turn in to police any guns or firearms that he or she has or controls. This must be done within 24 hours of receiving this order.
- Must bring a receipt to the court within 72 hours of receiving this order, to prove that guns and firearms have been turned in or sold.

**12** ☐ **Property Control**Until the hearing, *only* the person in **(1)** can use, control, and possess the following property and things:

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**This is a Court Order.**

Your name: \_\_\_\_\_

**13** ☐ **Property Restraint**

If the people in ① and ② are married to each other or are registered domestic partners, they must not transfer, borrow against, sell, hide, or get rid of or destroy any property, except in the usual course of business or for necessities of life. In addition, each person must notify the other of any new or big expenses and explain them to the court.

**14** ☐ **Record Unlawful Communications**

The person in ① can record communications made by the person in ② that violate the judge's orders.

**15** **No Fee to Notify**

If the sheriff or marshal serves this order, he or she will do it for free.

**16** ☐ **Other Orders** (*specify*): \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**17** If the judge makes a restraining order at the hearing, which has the same orders as in this form, the person in ② will get a copy of that order by mail at his or her last known address. (*Write restrained person's address here*):

\_\_\_\_\_  
If this address is not correct, or to know if the orders were made permanent, contact the court.

**18** ☐ **Time for Service****A To: Person Asking for Order**

Someone 18 or over—**not you or the other protected people**—must personally “serve” a copy of this order to the restrained person at least \_\_\_\_\_ days before the hearing.

**B To: Person Served With Order**

If you want to respond in writing, someone 18 or over—**not you**—must “serve” Form DV-120 on the person in ①, then file it with the court at least \_\_\_\_\_ days before the hearing.

*For help with Service or answering, read Form DV-210 or DV-540.*

Date: \_\_\_\_\_

►  
\_\_\_\_\_  
*Judge (or Judicial Officer)*

**Certificate of Compliance With VAWA**

This temporary protective order meets all Full Faith and Credit requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA) upon notice of the restrained person. This court has jurisdiction over the parties and the subject matter; the restrained person has been or will be afforded notice and a timely opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in all jurisdictions throughout the 50 United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

**This is a Court Order.**

Your name: \_\_\_\_\_

**Warnings and Notices to the Restrained Person in ②****19 If you do not obey this order, you can be arrested and charged with a crime.**

- It is a felony to take or hide a child in violation of this order. You can go to prison and/or pay a fine.
- If you travel to another state or to tribal lands, or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.
- If you do not obey this order, you can go to prison and/or pay a fine.

**20 You cannot have guns or firearms.**

**You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while the order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a gun dealer or turn in to police any guns or firearms that you have or control. The judge will ask you for proof that you did so. If you do not obey this order, you can be charged with a crime. Federal law says you cannot have guns or ammunition if you are subject to a restraining order made after a noticed hearing.**

**21 After You Have Been Served With a Restraining Order**

- Obey all the orders.
- If you want to respond, fill out Form DV-120. Take it to the court clerk with the forms listed in item ②②.
- File DV-120 and have all papers served on the protected person by the date listed in item ①⑧ of this form.
- At the hearing, tell the judge if you agree or disagree with the orders requested.
- Even if you do not attend the hearing, the judge can make the restraining orders last for 3 years.

**22 Child Custody, Visitation, and Support**

- **Child Custody and Visitation:** If you do not go to the hearing, the judge can make custody and visitation orders for your children without hearing your side.
- **Child Support:** The judge can order child support based on the income of both parents. The judge can also have that support taken directly from your paycheck. Child support can be a lot of money, and usually you have to pay until the child is 18. File and serve a *Financial Statement* (FL-155) or an *Income and Expense Declaration* (FL-150) so the judge will have information about your finances. Otherwise, the court may make support orders without hearing your side.
- **Spousal Support:** File and serve a *Financial Statement* (FL-155) or an *Income and Expense Declaration* (FL-150) so the judge will have information about your finances. Otherwise, the court may make support orders without hearing your side.

**This is a Court Order.**



Your name: \_\_\_\_\_

**Instructions for Law Enforcement****23 Start Date and End Date of Orders**

The start date is the date next to the judge's signature on page 3. The orders end on the hearing date on page 1 or the hearing date on Form DV-125, if attached.

**24 Arrest Required If Order Is Violated**

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

**25 Notice/Proof of Service**

- Law enforcement must first determine if the restrained person had notice of the orders. If notice cannot be verified, the restrained person must be advised of the terms of the orders. If the restrained person then fails to obey the orders, the officer must enforce them. (Fam. Code, § 6383.)

Consider the restrained person "served" (noticed) if:

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file *or*
- The restrained person was at the restraining order hearing or was informed of the order by an officer (Fam. Code, § 6383; Pen. Code, § 836(c)(2).) An officer can obtain information about the contents of the order in the Domestic Violence Restraining Orders System (DVROS). (Fam. Code, § 6381(b)(c).)

**26 If the Protected Person Contacts the Restrained Person**

Even if the protected person invites or consents to contact with the restrained person, the orders remain in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

**27 Child Custody and Visitation**

- Custody and visitation orders are on Form DV-140, items ③ and ④. They are sometimes also written on additional pages or referenced in DV-140 or other orders that are not part of the restraining order.
- **Forms DV-100 and DV-105 are not orders. Do not enforce them.**

**28 Enforcing the Restraining Order in California**

Any law enforcement officer in California who receives, sees, or verifies the orders on a paper copy, or on the California Law Enforcement Telecommunications System (CLETS), or in an NCIC Protection Order File must enforce the orders.

**29 Conflicting Orders**

If a criminal restraining order (CR-160) conflicts with a civil restraining order (DV-110 or DV-130), enforce the criminal order. Even if the criminal order is older, the officer must still enforce it over the civil order. (Pen. Code, § 136.2(h).) Any nonconflicting terms of the civil restraining order remain in full force.

*Clerk's Certificate**[seal]*

I certify that this Temporary Restraining Order is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



1 Protected person's name: \_\_\_\_\_

2 Restrained person's name: \_\_\_\_\_

3 **Notice to Server**

You must:

- Be 18 or over.
- Not be listed on the restraining order.
- Give a copy of all documents checked in 4 to the restrained person in 2. (You cannot send them by mail.) Then sign this form and give or mail it to the protected person.



Court name and street address:

**Superior Court of California, County of**

**Case Number:**

4 I gave the person in 2 a copy of all documents checked below:

- a. ☐ DV-110 with DV-100 and a blank DV-120  
(Temporary Restraining Order and Notice of Hearing;  
Request for Order; blank Answer to Temporary Restraining Order)
- b. ☐ DV-105 and DV-140 (Child Custody, Visitation, and Support Request; Child Custody and Visitation Order)
- c. ☐ FL-150 with a blank FL-150 (Income and Expense Declaration)
- d. ☐ FL-155 with a blank FL-155 (Simplified Financial Statement)
- e. ☐ DV-125 (Reissue Temporary Restraining Order)
- f. ☐ DV-130 (Restraining Order After Hearing)
- g. ☐ Other (*specify*): \_\_\_\_\_

5 I gave copies of the documents checked above to the person in 2 on:

- a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.
- c. At this address: \_\_\_\_\_

6 **Server's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

(If you are a process server):

County of registration: \_\_\_\_\_ Registration number: \_\_\_\_\_

7 I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print server's name



\_\_\_\_\_  
Server to sign here



Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number:

**Case Number:****1** Name of person who asked for the order (protected person):  
\_\_\_\_\_**2** Your name: \_\_\_\_\_Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone (*optional*): \_\_\_\_\_Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):  
\_\_\_\_\_  
\_\_\_\_\_**Give the judge your answers to DV-100:****3** ☐ **Personal Conduct Orders**I ☐ do ☐ do not agree to the order requested.**4** ☐ **Stay-Away Order**I ☐ do ☐ do not agree to the order requested.**5** ☐ **Move-Out Order**I ☐ do ☐ do not agree to the order requested.**6** ☐ **Child Custody**a. I ☐ do ☐ do not agree to the custody order requested.b. ☐ I am not the parent of the child listed in DV-105.c. ☐ I ask for the following custody order (*specify*):  
\_\_\_\_\_  
\_\_\_\_\_d. I ☐ do ☐ do not agree to the orders requested to prevent child abduction.**7** ☐ **Visitation**a. I ☐ do ☐ do not agree to the visitation order requested.b. ☐ I ask for the following visitation order (*specify*): \_\_\_\_\_  
\_\_\_\_\_**8** ☐ **Child Support**a. I ☐ do ☐ do not agree to the order requested.b. ☐ I agree to pay guideline child support.*You must fill out, serve, and file Form FL-150 or FL-155.***9** ☐ **Spousal Support**I ☐ do ☐ do not agree to the order requested.*Whether or not you agree, you must fill out, serve, and file Form FL-150.*

The judge can consider your Answer at the hearing. Write your hearing date and time here:

**Hearing  
Date**→ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Room: \_\_\_\_\_**You must obey the orders until the hearing.**

If you do not come to this hearing, the judge can make the orders last for 3 years or longer.


Your name: \_\_\_\_\_

**10** ☐ **Property Control**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***11** ☐ **Debt Payment**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***12** ☐ **Property Restraint**I ☐ do ☐ do not agree to the order requested.*If you have other requests, list them in 19 below.***13** ☐ **Attorney Fees and Costs**I ☐ do ☐ do not agree to the order requested.**14** ☐ **Payments for Costs and Services**I ☐ do ☐ do not agree to the order requested.**15** ☐ **Batterer Intervention Program**I ☐ do ☐ do not agree to the order requested.**16** ☐ **Other Orders** (see item 20 on Form DV-100)I ☐ do ☐ do not agree to the orders requested.**17** ☐ **Turn in guns or other firearms.**a. ☐ I do not own or have any guns or firearms.b. ☐ I ☐ have ☐ have not turned in my guns and firearms to the police or a licensed gun dealer.c. ☐ A copy of the receipt ☐ is attached. ☐ has already been filed with the court.*You must file a receipt with the court within 72 hours after receiving Form DV-110.***18** ☐ **I ask the court to order payment of my**a. ☐ Attorney feesb. ☐ Out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Item: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*You must fill out, serve, and file Form FL-150.***19** ☐ **My Answer to the Statements in DV-100 and Other Requests***Please attach your statement. Write "DV-120, Item 19—More Information" at the top. Be specific.***20** I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*\_\_\_\_\_  
*Sign your name*

**Restraining Order After Hearing  
(Order of Protection)**

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Clerk fills in case number when form is filed.

**Case Number:**

**1** Protected person's name:

\_\_\_\_\_

(first) (middle) (last)

Protected person's address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number (*optional*): \_\_\_\_\_

Lawyer (*if any*): (*Name, address, telephone number, and State Bar number*): \_\_\_\_\_

**2** List the full names of all other family or household members protected by this order: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3** Restrained person's name:

\_\_\_\_\_

(first) (middle) (last)

Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship to protected person: \_\_\_\_\_

**4** **THE COURT ORDERS** are on pages 2 and 3 and attachment pages (*if any*).

The orders end on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_

- If no date is written, the restraining order ends 3 years after the date of the hearing. The hearing was on (*date*): \_\_\_\_\_
- If no time is written, the restraining order ends at midnight on the end date.
- Note: Custody, visitation, child support, and spousal support orders have different end dates. Custody, visitation, and child support orders usually end when the children are 18.

**5** ☐ The people in **1** and **3** must return to this court/department on (*date*): \_\_\_\_\_  
at (*time*): \_\_\_\_\_ ☐ a.m. ☐ p.m. to review (*specify issues*): \_\_\_\_\_

**Certificate of Compliance With VAWA**

This protective order meets all Full Faith and Credit requirements of the Violence Against Women Act, 18 U.S.C. § 2265 (1994) (VAWA). This court has jurisdiction over the parties and the subject matter; the restrained person has been afforded reasonable notice and an opportunity to be heard as provided by the laws of this jurisdiction. **This order is valid and entitled to enforcement in all jurisdictions throughout the 50 United States, the District of Columbia, all tribal lands, and all U.S. territories, commonwealths, and possessions and shall be enforced as if it were an order of that jurisdiction.**

**This is a Court Order.**

Your name: \_\_\_\_\_

**6** ☐ **Personal Conduct Orders**The person in **3** must **not** do the following things to the protected people listed in **1** and **2** :

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements
- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail  
☐ Except for brief and peaceful contact as required for court-ordered visitation of children unless a criminal protective order says otherwise

Peaceful written contact through a lawyer or a process server or another person in order to serve legal papers is allowed and does not violate this order.

**7** ☐ **Stay-Away Order**The person in **3** must stay at least \_\_\_\_\_ yards away from:

- a. ☐ The person listed in **1** d. ☐ The children's school or child care
- b. ☐ The people listed in **2** e. ☐ Other (specify): \_\_\_\_\_
- c. ☐ Home ☐ Job ☐ Vehicle of person in **1** \_\_\_\_\_

**8** ☐ **Move-Out Order**The person in **3** must move out immediately from (address): \_\_\_\_\_**9** ☐ **Child Custody and Visitation**

Child custody and visitation are ordered on the attached Form DV-140 or (specify other form): \_\_\_\_\_

**10** ☐ **Child Support**

Child support is ordered on the attached Form DV-160 or (specify other form): \_\_\_\_\_

**11** ☐ **Spousal Support**

Spousal support is ordered on the attached Form FL-343 or (specify other form): \_\_\_\_\_

**12** **No Guns or Other Firearms**

The person in **3** cannot own, possess, have, buy or try to buy, receive or try to receive, or in any other way get a gun or firearm.

**13** **Turn in or sell guns and firearms.**The person in **3** :

- Must sell to a licensed gun dealer or turn in to police any guns or firearms that he or she has or controls. This must be done within 24 hours of receiving this order.
- Must bring a receipt to the court within 72 hours of receiving this order, to prove that guns and firearms have been turned in or sold.

**14** ☐ **Record Unlawful Communications**

The person in **1** has the right to record communications made by the person in **3** that violate the judge's orders.

**This is a Court Order.**



Your name: \_\_\_\_\_

**15** ☐ **Batterer Intervention Program**

The person in ③ must go to and pay for a 52-week batterer intervention program and show written proof of completion to the court. This program must be approved by the probation department.

**16** **No Fee to Notify Restrained Person**

If the sheriff or marshal serves this order, he or she will do it for free.

**17** ☐ **Other Orders**

Other orders relating to property control, debt payment, attorney fees, restitution, and/or other issues are in attached Form DV-170 or (*specify other form*): \_\_\_\_\_

**18** ☐ **Service**

- a. ☐ The people in ① and ③ were at the hearing. No other proof of service is needed.
- b. ☐ The person in ① was at the hearing. The person in ③ was not. But proof of service of DV-110 was presented to the court.
- (1) ☐ The judge's orders in this form are the same as in DV-110 except for the end date. The person in ③ must be served. This order can be served by mail.
- (2) ☐ The judge's orders in this form are different from the orders in DV-110. Someone—not the people in ① or ②—must personally “serve” a copy of this order to the person in ③.
- c. ☐ The people in ① and ③ have agreed in writing to this order. No other proof of service is needed.

**19** **Attached Pages are orders.**

- Number of pages attached to this 5-page form: \_\_\_\_\_
- All of the attached pages are part of this order.
- Attachments include (*check all that apply*):
  - ☐ DV-140   ☐ DV-145   ☐ DV-150   ☐ DV-160   ☐ DV-170   ☐ FL-343
  - ☐ Other (*specify*): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judge (or Judicial Officer)***This is a Court Order.**

Your name: \_\_\_\_\_

**Instructions for Law Enforcement****20 Start Date and End Date of Orders**

The orders *start* the earlier of the following dates:

- The hearing date on page 1 *or*
- The date next to the judge's signature on page 3.

The orders *end* on the end date on page 1. If no end date is listed, they end 3 years from the start date.

**21 Arrest Required If Order Is Violated**

If an officer has probable cause to believe that the restrained person had notice of the order and has disobeyed the order, the officer must arrest the restrained person. (Pen. Code, §§ 836(c)(1), 13701(b).) A violation of the order may be a violation of Penal Code section 166 or 273.6.

**22 Notice/Proof of Service**

Law enforcement must first determine if the restrained person had notice of the orders. If notice cannot be verified, the restrained person must be advised of the terms of the orders. If the restrained person then fails to obey the orders, the officer must enforce them. (Fam. Code, § 6383.)

Consider the restrained person "served" (noticed) if:

- The officer sees a copy of the Proof of Service or confirms that the Proof of Service is on file *or*
- The restrained person was at the restraining order hearing or was informed of the order by an officer. (Fam. Code, § 6383; Pen. Code, § 836(c)(2).) An officer can obtain information about the contents of the order in the Domestic Violence Restraining Orders System (DVROS). (Fam. Code, § 6381(b)(c).)

**23 If the Protected Person Contacts the Restrained Person**

Even if the protected person invites or consents to contact with the restrained person, the orders remain in effect and must be enforced. The protected person cannot be arrested for inviting or consenting to contact with the restrained person. The orders can be changed only by another court order. (Pen. Code, § 13710(b).)

**24 Child Custody and Visitation**

- The custody and visitation orders are on Form DV-140, items ③ and ④. They are sometimes also written on additional pages or referenced in DV-140 or other orders that are not part of the restraining order.
- **Forms DV-100 and DV-105 are not orders. Do not enforce them.**

**25 Enforcing the Restraining Order in California**

Any law enforcement officer in California who receives, sees, or verifies the orders on a paper copy, the California Law Enforcement Telecommunications System (CLETS), or in an NCIC Protection Order File must enforce the orders.

**26 Conflicting Orders**

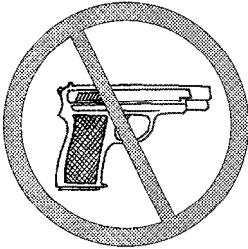
If a criminal restraining order (CR-160) conflicts with a civil restraining order (DV-110 or DV-130), enforce the criminal order. Even if the criminal order is older, the officer must still enforce it over the civil order. (Pen. Code, § 136.2(h).) Any nonconflicting terms of the civil restraining order remain in full force.

**This is a Court Order.**

Your name: \_\_\_\_\_

**Warnings and Notices to the Restrained Person in ③****27 If you do not obey this order, you can be arrested and charged with a crime.**

- It is a felony to take or hide a child against this order. You can go to prison and/or pay a fine.
- If you travel to another state or to tribal lands, or make the protected person do so, with the intention of disobeying this order, you can be charged with a federal crime.
- If you do not obey this order, you can go to prison and/or pay a fine.

**28 You cannot have guns or firearms.**

**You cannot own, have, possess, buy or try to buy, receive or try to receive, or otherwise get a gun while the order is in effect. If you do, you can go to jail and pay a \$1,000 fine. You must sell to a licensed gun dealer or turn in to police any guns or firearms that you have or control. The judge will ask you for proof that you did so. If you do not obey this order, you can be charged with a crime. Federal law says you cannot have guns or ammunition while the order is in effect.**

*(Clerk will fill out this part)*

**—Clerk's Certificate—**

*Clerk's Certificate*  
*[seal]*

I certify that this *Restraining Order After Hearing (Order of Protection)* is a true and correct copy of the original on file in the court.

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

**This is a Court Order.**



☒ This form is attached to DV-100, Item 9.

1 Your name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

### 3 Change of Current Court Orders

☐ I want to change a current child custody or visitation court order.

*Explain your current order and why you want a change. Then skip to 5 and finish the form. If you do not want a change, skip to 4 and finish the form.* \_\_\_\_\_

4 ☐ I want to keep my current child custody court order without any changes. *If there are no court orders for custody, you cannot check this box. If you check this box, skip the rest of this form. If you have a copy of the current court order, attach it.*

### 5 Child Custody

I ask the court for custody as follows:

**Legal Custody to:** (Person who makes decisions about health, education, etc. Check at least one.)  
**Physical Custody to:** (Person the child lives with. Check at least one.)

| Child's Name | Date of Birth | Mom                      | Dad                      | Other*                   | Mom                      | Dad                      | Other*                   |
|--------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ If more children, check here. Attach a sheet of paper and write "DV-105, Item 5 — Child Custody" by your request.

*\*If Other, specify relationship to child and name of person:* \_\_\_\_\_

### 6 Child's Address

Where has the child in 5a lived for the last 5 years? Give each address unless it is private. Start with where the child lives now and work backwards in time.

Child 5a's addresses:

Child 5a lived with:

Mom Dad Other\* Dates lived there:

| Mom                      | Dad                      | Other*                   | Dates lived there: |
|--------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ to present   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ to _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ to _____     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ to _____     |

*\*If Other, specify relationship to child and name of person:* \_\_\_\_\_

### 7 Other Children's Addresses

☐ Check here if the other child's (or children's) address information is the same as listed in 6.

☐ If it is different, check here. Attach a sheet of paper and write "DV-105, Item 7 — Other Children's Addresses" by your list. List other children's address information, including dates, and name of person child lived with.

**This is not a Court Order.**

Your name: \_\_\_\_\_

**8 Other custody case?**

Were you involved in, or do you know of, any other custody case for any child listed in this form?

☐ No ☐ Yes *If yes, fill out below:*

- a. Name of each child in other custody case: \_\_\_\_\_  
\_\_\_\_\_
- b. Type of case: ☐ Divorce ☐ Guardianship ☐ Adoption ☐ Juvenile ☐ Other (specify): \_\_\_\_\_
- c. I was a ☐ Witness ☐ Party ☐ Other (specify): \_\_\_\_\_
- d. Court (name): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- e. Date of court order: \_\_\_\_\_

**9 Other people claim to have custody?**Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form? ☐ No ☐ Yes *If yes, fill out below:*Name and address of that person: \_\_\_\_\_  
\_\_\_\_\_☐ Has custody ☐ Claims custody rights ☐ Claims visitation rightsFor these children (name of each child):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Check here if you need more space. Attach a sheet of paper and write "DV-105, Item 9" by your statement.**10 Visitation**I ask the court to order that the person in **2** have the following temporary visitation rights:

(Check all that apply)

- a. ☐ No visitation until the hearing
- b. ☐ No visitation after the hearing
- c. ☐ The following visitation ☐ until the hearing ☐ after the hearing

(1) ☐ **Weekends** (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of monthfrom \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)(2) ☐ **Weekdays** (starting): \_\_\_\_\_from: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)(3) ☐ **Other Visitation***Attach a sheet of paper with other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-105, Item 10 — Visitation" by your statement.***This is not a Court Order.**

Your name: \_\_\_\_\_

**11 ☐ Supervised Visitation**a. I ask that the visitation in **10** be supervised by (write name and telephone number):  
\_\_\_\_\_

b. I ask that any costs for supervision be paid as follows:

Mom \_\_\_\_\_ % Dad \_\_\_\_\_ % Other (name) \_\_\_\_\_ %

**12 ☐ Responsibility for Transportation for Visitation***"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.*a. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ **to** the visits.b. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ **from** the visits.c. ☐ Drop-off / pick-up of children will be at (address): \_\_\_\_\_  
\_\_\_\_\_**13 ☐ Travel With Children**☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ **MUST** have written permission from the other parent, or a court order, to take the children outside of:a. ☐ The State of California.b. ☐ Other place(s) (list): \_\_\_\_\_  
\_\_\_\_\_**14 ☐ Child Abduction**☐ I believe that there is a risk the other parent will take our child out of California without my permission.*If you check this box you must fill out and attach form DV-108.***15 ☐ Child Support**a. ☐ I ask the court for child support. *You must fill out and file FL-150 or FL-155 before your hearing.*b. ☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.c. ☐ I already have a child support order, but I want it changed.**16 Important!**

You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.

**This is not a Court Order.**





This form is attached to (check one): ☐ DV-110 ☐ DV-130

1 Protected person's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

### The Court Orders:

3 ☐ Child Custody is ordered as follows:

Legal Custody to: (Person  
who makes decisions about health,  
education, etc. Check at least one.)

Physical Custody to:  
(Person the child lives with.  
Check at least one.)

| Child's Name | Date of Birth | Mom                      | Dad                      | Other*                   | Mom                      | Dad                      | Other*                   |
|--------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. _____     | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ If more children, check here. Attach a sheet of paper and write "DV-140, Item 3 — Child Custody" at the top.

\* If Other, specify relationship to child and name of person: \_\_\_\_\_

4 ☐ Child Visitation is ordered as follows:

- a. ☐ No visitation to ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_
- b. ☐ See the attached \_\_\_\_\_ - page document, dated: \_\_\_\_\_
- c. ☐ The parties must go to mediation at: \_\_\_\_\_
- d. ☐ Until the next court order, visitation for ☐ Mom ☐ Dad ☐ Other \_\_\_\_\_ will be:

(1) ☐ Weekends (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)  
☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of month  
 from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
 (day of week) (time) (day of week) (time)

(2) ☐ Weekdays (starting): \_\_\_\_\_  
 from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
 (day of week) (time) (day of week) (time)

(3) ☐ Other Visitation

Check here and attach a sheet of paper if there are other visitation days and times, like holidays, birthdays, sports events.  
 List dates and times. Write "DV-140, Item 4 — Visitation" at the top.

5 ☐ Supervised Visitation — Follow orders on attached Form DV-150.

6 ☐ Responsibility for Transportation for Visitation

"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.

- a. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ to the visits.
- b. ☐ Mom ☐ Dad ☐ Other (name): \_\_\_\_\_ from the visits.
- c. ☐ Drop-off / pick-up of children will be at (address): \_\_\_\_\_

**This is a Court Order.**

Protected person's name: \_\_\_\_\_

**7** ☐ **Travel With Children**☐ Mom ☐ Dad ☐ Other (*name*): \_\_\_\_\_ *must* have written permission from the other parent, or a court order, to take the children outside of:a. ☐ The State of Californiab. ☐ Other place(s) (*list*): \_\_\_\_\_**8** ☐ **Child Abduction**

There is a risk that one of the parents will take the children out of California without the other parent's permission. The orders in Form DV-145 are attached and must be obeyed. (*Fill out and attach DV-145 to this form.*)

**9** ☐ **Other Orders**

*Check here and attach any other orders to this form. Write "DV-140, Item 9 — Other Orders" on the orders.*

**10** **Jurisdiction**

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with section 3400).

**11** **Notice and Opportunity to Be Heard**

The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.

**12** **Country of Habitual Residence**

The country of habitual residence of the child or children in this case is ☐ the United States of America or ☐ other (*specify*): \_\_\_\_\_.

**13** **Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

**This is a Court Order.**

☒ This form is attached to Child Custody and Visitation Order (DV-140).

1 Protected person's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

### The Court Orders:

3 Parent to be supervised is: ☐ Mom ☐ Dad ☐ Other (*name*): \_\_\_\_\_

4 **Type of Visitation**

- ☐ a. Supervised visitation  
☐ b. Supervised exchange only  
☐ c. Therapeutic visitation (licensed mental health professional)

5 **Type of Provider**

- ☐ a. Professional (individual or supervised visitation center)  
☐ b. Nonprofessional

6 **Provider's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

7 **Schedule of Visits** — see Form DV-140 or 10 below.

8 **Costs will be paid as follows:**

- Mom to pay: \_\_\_\_\_ %  
■ Dad to pay: \_\_\_\_\_ %  
■ Other: \_\_\_\_\_

9 **Contact With Provider**

- Mom to contact provider before (*date*): \_\_\_\_\_  
■ Dad to contact provider before (*date*): \_\_\_\_\_  
■ Other: \_\_\_\_\_

10 **The court also orders (*specify*):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**



☒ This form is attached to form DV-130 (Restraining Order After Hearing), Item 15.

1 Protected person's name: \_\_\_\_\_

2 Restrained person's name: \_\_\_\_\_

3 ☐ **Property Control**

Only the person in 1 can use, possess, and control the following property: \_\_\_\_\_

\_\_\_\_\_

4 ☐ **Debt Payment**

The person in 2 must make these payments until this order ends:

☐ Check here if you need more space. Attach Form MC-020 or a sheet of paper and write "DV-170, Item 4 — Debt Payment" at the top.

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

5 ☐ **Property Restraint**

The people in 1 and 2 must not transfer, borrow against, sell, hide, or get rid of any property, except in the usual course of business or for the necessities of life. In addition, each person must notify the other of any new or big expenses and explain them to the court.

6 ☐ **Attorney Fees and Costs**

The person in 2 must pay the following lawyer fees and costs:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

7 ☐ **Payments for Costs and Services**

The person in 2 must pay the following:

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

8 **Other Orders**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**



Clerk stamps below when form is filed.

1 Name of person asking for protection (protected person):

Protected person's address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (*optional*): (\_\_\_\_\_) \_\_\_\_\_Protected person's lawyer (*if any*): (*Name, address, phone #, and State Bar #*):

Court name and street address:

Superior Court of California, County of

Case Number:

2 Restrained person's name:

Description of that person: Sex: ☐ M ☐ F Ht.: \_\_\_\_\_

Wt.: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3 I ask the judge to reissue the Temporary Restraining Order, Form DV-110.

a. The last hearing date was (*date*): \_\_\_\_\_

b. The order has been reissued \_\_\_\_\_ times.

4 I ask the judge to reissue the order because:

a. ☐ I could not get the order served before the hearing date.b. ☐ The date of the hearing was changed because we were sent to mediators or other family court services.c. ☐ Other (*specify*): \_\_\_\_\_

5 I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

Type or print your name

Sign your name

**This is a Court Order.**

Clerk will fill out section below.

The order listed in 3 is reissued and reset for hearing in this court on the date and time below. Unless a judge extends the time, the order will end on the date and time below.

Hearing  
Date

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name &amp; address of court if different from above:

Dept.: \_\_\_\_\_ Rm.: \_\_\_\_\_

All other orders in the Temporary Restraining Order stay in effect unless this order changes them.

Date: \_\_\_\_\_

Judge (or Judicial Officer)





*Clerk stamps date here when form is filed.*

- ① Your name (person asking for protection):

\_\_\_\_\_  
Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone (*optional*): (\_\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ② Name of person you want protection from:

\_\_\_\_\_

*Fill in court name and street address:***Superior Court of California, County of***Clerk fills in case number when form is filed.***Case Number:****Request for Free Service**

- ③ If you qualify for a fee waiver, complete *Application for Waiver of Court Fees and Costs* (form 982(a)(17)) and file it with this request. (*Check one*):

- a. ☐ I have completed and filed a fee waiver application.  
b. ☐ I am not eligible for a fee waiver.

- ④ I am entitled to free service of the restraining orders by the sheriff or marshal because (*check either item a or b*):

- a. ☐ I asked for domestic violence prevention restraining orders on Form DV-100.  
b. ☐ I asked for civil harassment restraining orders on Form CH-100, and my request was based on my fear of (*check at least one box, if applicable*):  
(1) ☐ sexual assault.  
(2) ☐ stalking.

*(If you are not entitled to free service under a or b, you may be eligible under a fee waiver or may pay the sheriff or marshal to serve the restraining orders.)*

I declare under penalty of perjury, under the laws of the State of California, that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*



\_\_\_\_\_  
*Sign your name*

(Order is on next page)



Protected person's name: \_\_\_\_\_

**Court Order**

- ⑤ The court has reviewed the request of the person in ① and finds that (*check one box only*):
- ☐ The person qualifies for a fee waiver under rule 985 of the California Rules of Court.
  - ☐ The person does not qualify for a fee waiver, but qualifies for orders under item 4a or 4b above.
  - ☐ The person does not qualify for a fee waiver or for orders under item 4a or 4b above.
- ⑥ The sheriff or marshal shall serve the restraining order (on Form DV-110 or DV-130 or CH-120 or CH-140 and reference documents) ☐ without cost ☐ with cost to the person in ①.

Date: \_\_\_\_\_

☐ Clerk, by \_\_\_\_\_, Deputy  
 (*Clerk may grant in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d).*)

— or —

☐ \_\_\_\_\_  
*Judicial Officer*
**Instructions for Protected Person**

- Fill out page 1 of this form. This form will allow you to ask the sheriff or marshal to serve the restraining order on the restrained person. **There is no cost to you if you qualify under either item 4a or 4b on page 1.**
- Fill out the *Application for Waiver of Court Fees and Costs* (Form 982(a)(17)) if you qualify for a fee waiver based on financial need.
- Give the forms to the court clerk together with your request for a restraining order.
- Ask the clerk how to make sure the sheriff or marshal gets your papers for service.
- If you do not qualify for free service of the restraining order under this request or a fee waiver, you may pay the sheriff or marshal to serve the order on the restrained person.
- For more information about service, read *What is "Proof of Service"?* (Form CH-135 or Form DV-210).

**Instructions for Law Enforcement**

- Government Code section 6103.2(b) allows the sheriff or marshal to bill the court only for orders or injunctions described in subdivision (q)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service **only** if item 5b above is checked.
- If the sheriff or marshal is seeking reimbursement for service, the box below must be filled out and a copy of this form returned to the court listed on page 1. **This is not a proof of service.**

|  |   |
|--|---|
| Service of the order was made or attempted on ( <i>date</i> ): _____ Fee for service: \$ _____ |   |
| Date: _____  |   |
| _____<br>( <i>Type or Print Name of Law Enforcement Representative</i> )                       | _____<br>( <i>Signature of Law Enforcement Representative</i> ) |
| _____<br>( <i>Title and Agency</i> )   |   |
| (This is Not a Proof of Service.)  |   |

|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>            | <b>FOR COURT USE ONLY</b> |
| TELEPHONE NO.: FAX NO. <i>(Optional):</i>   |                           |
| E-MAIL ADDRESS <i>(Optional):</i>   |                           |
| ATTORNEY FOR <i>(Name):</i>   |                           |
| NAME OF COURT:<br>STREET ADDRESS:<br>MAILING ADDRESS:<br>CITY AND ZIP CODE:<br>BRANCH NAME: |                           |
| PLAINTIFF/ PETITIONER:<br>DEFENDANT/ RESPONDENT:  |                           |
| <b>APPLICATION FOR<br/>WAIVER OF COURT FEES AND COSTS</b>                                   | CASE NUMBER:              |

**I request a court order so that I do not have to pay court fees and costs.**

1. a. ☐ I am **not** able to pay any of the court fees and costs.  
b. ☐ I am able to pay **only** the following court fees and costs (*specify*):
2. My current street or mailing address is (*if applicable, include city or town, apartment no., if any, and zip code*):
3. a. My occupation, employer, and employer's address are (*specify*):  
b. My spouse's occupation, employer, and employer's address are (*specify*):
4. ☐ I am receiving financial assistance under one or more of the following programs:  
a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs  
b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)  
c. ☐ **Food Stamps:** The Food Stamp Program  
d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**
5. If you checked box 4, you must check and complete **one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.**  
a. ☐ (*Optional*) My Medi-Cal number is (*specify*):  
b. ☐ (*Optional*) My social security number is (*specify*):  
    -   -     and my date of birth is (*specify*):  
**[Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.]**  
c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.  
**[See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]**

***[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]***

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

**[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]**

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. **[If you check this box, you must complete the back of this form.]**

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

|  |              |
|--|--------------|
| PLAINTIFF/PETITIONER:<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

### FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: ..... \$ \_\_\_\_\_
- b. **My payroll deductions are (specify purpose and amount):**
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ \_\_\_\_\_
- c. My monthly take-home pay is (a. minus b.): ..... \$ \_\_\_\_\_
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**  
(c. plus d.): ..... \$ \_\_\_\_\_
- f. Number of persons living in my home: \_\_\_\_\_  
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name      | Age   | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____        | \$ _____             |
| (2) _____ | _____ | _____        | \$ _____             |
| (3) _____ | _____ | _____        | \$ _____             |
| (4) _____ | _____ | _____        | \$ _____             |
| (5) _____ | _____ | _____        | \$ _____             |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**  
(a. plus d. plus f.): ..... \$ \_\_\_\_\_
10. **I own or have an interest in the following property:**
- a. Cash ..... \$ \_\_\_\_\_
- b. Checking, savings, and credit union accounts (list banks):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):  
\$ \_\_\_\_\_
11. **My monthly expenses not already listed in item 9b above are the following:**
- |  |          |
|--|----------|
| a. Rent or house payment & maintenance                                       | \$ _____ |
| b. Food and household supplies   | \$ _____ |
| c. Utilities and telephone   | \$ _____ |
| d. Clothing  | \$ _____ |
| e. Laundry and cleaning  | \$ _____ |
| f. Medical and dental payments   | \$ _____ |
| g. Insurance (life, health, accident, etc.)                                  | \$ _____ |
| h. School, child care  | \$ _____ |
| i. Child, spousal support (prior marriage)                                   | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair)                 | \$ _____ |
| k. Installment payments (specify <b>purpose and amount</b> ):                |          |
| (1) _____  | \$ _____ |
| (2) _____  | \$ _____ |
| (3) _____  | \$ _____ |
| The TOTAL amount of monthly installment payments is: ..... \$ _____          |          |
| l. Amounts deducted due to wage assignments and earnings withholding orders: | \$ _____ |
| m. Other expenses (specify):   |          |
| (1) _____  | \$ _____ |
| (2) _____  | \$ _____ |
| (3) _____  | \$ _____ |
| (4) _____  | \$ _____ |
| (5) _____  | \$ _____ |
| The TOTAL amount of other monthly expenses is: ..... \$ _____                |          |
| n. <b>MY TOTAL MONTHLY EXPENSES ARE</b><br>(add a. through m.):              | \$ _____ |
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

**DOMESTIC VIOLENCE/HARASSMENT LAW ENFORCEMENT INFORMATION SHEET  
(THE PERSON TO BE RESTRAINED IS NOT ALLOWED TO SEE THIS FORM)**

Person protected by a Domestic Violence Restraining or Harassment Order

**Court Case #** \_\_\_\_\_

\_\_\_\_\_  
**Last Name (Please Print)**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

**Date of Birth:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_

**Work Telephone #** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Attorney's Name:** \_\_\_\_\_

**Attorney's Telephone #** \_\_\_\_\_

**If other people to be protected are named on the order, please list Name, Sex, and DOB:**

\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ON PERSON TO BE RESTRAINED**

\_\_\_\_\_  
**Last Name (Please Print)**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

**Other Names used or Nickname(s):** \_\_\_\_\_

**SEX:**    ☐ M    ☐ F

**DATE OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ Feet \_\_\_\_\_ Inches

**WEIGHT:** \_\_\_\_\_ Pounds

**PRIMARY LANGUAGE:** \_\_\_\_\_

**RACE/NATIONALITY/ETHNIC GROUP:** \_\_\_\_\_ (Enter code from the following list)

**W** = White

**B** = Black

**H** = Hispanic

**C** = Chinese

**A** = Asian Indian

**F** = Filipino

**G** = Guamanian

**I** = Amer. Indian

**J** = Japanese

**K** = Korean

**L** = Laotian

**P** = Pacific Islander

**S** = Samoan

**U** = Hawaiian

**V** = Vietnamese

**Z** = Other Asian

**O** = All Others

**X** = Unknown

**HAIR COLOR:** \_\_\_\_\_ (Enter code from the following list)

**BLK** = Black

**BLN** = Blond

**BRO** = Brown

**GRY** = Gray

**SDY** = Sandy

**WHI** = White

**XXX** = Bald/Unknown

**EYE COLOR:** \_\_\_\_\_ (Enter code from the following list)

**BLK** = Black

**BLU** = Blue

**BRO** = Brown

**GRY** = Gray

**GRN** = Green

**HAZ** = Hazel

**MUL** = Multicolor

**UNK** = Unknown

**SCARS, TATTOOS, OTHER IDENTIFYING MARKS:** (Describe what and where) \_\_\_\_\_

\_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

Street

City

State

**WORK ADDRESS/BUSINESS NAME:** \_\_\_\_\_

**WORK HOURS:** From: \_\_\_\_\_ To: \_\_\_\_\_ Days Off: \_\_\_\_\_

**IS DEFENDANT IN CUSTODY?** ☐ NO ☐ YES - If "Yes," where? \_\_\_\_\_

**OTHER PLACES WHERE DEFENDANT CAN BE LOCATED:** (Where and when) \_\_\_\_\_

\_\_\_\_\_

**DRIVER'S LICENSE?** ☐ YES DL# \_\_\_\_\_ ☐ NONE ☐ SUSPENDED/REVOKED

**VEHICLE:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate \_\_\_\_\_

**CAUTION CODES:** ☐ Armed and Dangerous ☐ Mentally Disturbed ☐ Suicidal Tendencies

**Domestic violence restraining orders are faxed for service by the Court if requested. Harassment orders will be faxed if a request and order for free service (CH-101) is granted. If not, you will need to arrange service.**

**SERVICE OF THE ATTACHED DOCUMENT:** ☐ By Sheriff

☐ By Police Department \_\_\_\_\_

☐ Party or Attorney for Party to Arrange Service





